Comments submitted in response to DRAFT Continuing Education policy

All comments are listed with the responses from OEMS. Thank you to all of those persons who provided comments on this policy – your feedback is important and will be considered when the policies are updated.

Completion Date/Time	Who Submitted the Comment
3/29/21 21:39:56	Alejandra Arzate - Tift county fire and rescue
3/30/21 15:21:23	jeffrey perry - Wheeler County EMS
4/5/21 14:16:29	James F. Jones - Toombs-Montgomery EMS
4/6/21 12:12:18	Phillip Tucker - Redmond Regional EMS
4/8/21 14:04:22	Travis Rice - Emt
4/8/21 22:48:02	Larry Causby - Cobb County Fire and Emergency Services
4/9/21 8:39:29	Thomas Kamplain - Georgia Institute of EMS
4/13/21 15:22:12	Anthony Olson - LifeCare
4/14/21 12:57:16	Melissa Lewis - N/A
4/14/21 14:43:20	Gregory Hanthorn Jr - Grady EMS
4/14/21 23:55:02	Matthew Crews - georgiaemsacademy
4/15/21 11:12:36	Roxanne Rigsby - Effingham County EMS
4/15/21 11:56:03	Chris Youmans - United EMS
4/17/21 14:52:02	Amanda Noren - Puckett EMS/ RC Healthservices
4/19/21 16:50:45	Kerry Markey-Cote - West Ga Tech College
4/26/21 12:09:19	Christopher Rockwell - Augusta Fire Department

Notes on the continuing education policy:
- This policy puts in writing a lot of the things that have previously been said about CE, and is consistent with the 2020 EMS Strategic Plan, where it says to "Ensure quality continuing education for EMS personnel".

1.0 PURPOSE

1 comment:

#1 - You decides what meets this standard "The EMS continuing education should consist of educational activities designed to promote and enrich knowledge, improve skills, and develop attitudes for the enhancement of professional practice, thus improving the quality of emergency medical services provided to the public." What matrix is being used to judge if this standard is being met? Why is initial education programs being discussed in an CE policy?

Response – Initial Education programs offer CE classes as well.

3.0 DEFINITIONS

1 comment

#1 - Helps to understand terminology

Response – Thanks!

5.1 Types of Acceptable Continuing Education

3 comments:

#1 - following the NREMT CEU guidelines and following NCCP standards would be in the best interest of having better-credentialed medics. In my personal experience assisting other providers with recertification, many use "programs" such as GAEMS Academy and others that require no real education. taking a test and obtaining an hour of CEU without having to watch videos or interacting with a system is allowing providers to complete the CEU without actually learning or re-educating themselves. This system of no interaction also lets providers do 40 hours within 12-15 hours depending on how fast they can take a test. Having some type of requirement for in-person or live online classes that require interaction should be mandatory for a portion of the CEU.

Response – Thank you for the feedback.

#2 - One thing I would like to mention is that the course completion requirements seem a bit much. If we have received approval with the assigned hours, uploaded an agenda including the content to be covered, added all attendees to the course, then why do we need to give each individual a completion certificate with all of these requirements? This seems redundant to me as a Training Officer. This will require more time and they have already been added to the roster for the approved training. Just my thoughts. Take care.

Response – This gives the student the ability to maintain their documentation in case the course roster is not properly updated on LMS>

#3 – Very Clear

Response – Thanks!

5.2. Activities Unacceptable as Continuing Education
5 Comments:

#1 - classes online should have mandatory instruction and not have the ability to bypass the actual instruction and take a test to obtain a CEU hour. ie ACLS/BLS/PALS requires in-class instruction to obtain the re-certification. an in-person class that a person takes even if the documented hours are 2 and the class was only instructed for 45 minutes, some education was achieved and the system of keeping fresh on knowledge is not bypassed.

Response – Certain instruction is required based on the approved hours.

#2 - Section 5.2.8 - This section seems to indicate that although PLS is required yearly, the provider can only receive credit for one session of the PLS training per subject. Depending on the number of PLS skills, this could be a substantial amount of CE time spent without credit given.

Response – This will be reviewed.

#3 - Any identical continuing education repeated more than once during the renewal period.- How would a provider know it was the same course when the same course recieves different approval numbers in different years. Thus, shoudl apprval numbers be good for more than a year.

Response – The provider is able to review their transcript on LMS.

#4 - I like this

Response – Thanks!

#5 - 5.2.5 Instituions of higher education credit course that are audited.

NREMT allows this form of credit under the Individual required hours for NREMT recertification, hour for hour, if the course is related to EMS (i.e., Anatomy & Physiology, Biology, etc.).
This could be further clarified by making determination of "credit courses" versus "credit hours".

Response – NREMT does not allow it for courses that are audited. The courses must be on the transcript.

5.3. Approval of Continuing Education Courses

4 Comments:

#1 - 5.3.2.3 - "physician medical oversight when the education is involving patient care.

The problem here is that this is vague. Can this mean that the physician just reviews the material and is willing to approve the content? Are you wanting the physician to participate in teaching?

I hope you understand that physicians are not FREE and you should not be expecting that. However, they come with a high price tag. Most physicians are making $100 an hour or more. If you start requiring more and more of them then they are going to want more and more compensation.

This could have a negative consequence of limiting the amount of CEU courses that can be presented due to delays in approval from the medical director/physician. Another negative consequence is that there will be a dramatic increase in the cost of presenting these courses. I am on board with presenting courses at a low cost and free if possible. Additionally, you are wanting to promote the State's new LMS where providers can receive free CEU hours. However, if you make the requirements where it is going to cost hundreds of dollars to produce the course then you are going to see a decrease in individuals wanting to produce and present courses if it is going to be cost-prohibitive.

Response – The policy does not require that a course be taught by a physician. EMS is a physician directed industry.

#2 - Can a provision be added to 5.3.4 for teaching content prior to state approval on a provisional basis so long as the content is approved by the local medical director. (I.e. short notice training in response to protocol change or public health emergency). Also allow for approval for live attendance at a recorded lecture/event approved by the local medical director (I.e. someone attends a recording session that is latter submitted for state approval and approved should be allowed to receive CE credit despite the content not having been submitted 10 days prior to taking place)

Response – Courses must be submitted in LMS for approval within the time frame specified.

#3 - 5.3.6 seems ambiguous. This could be referring to an educational opportunity that the instructor was able to complete ahead of schedule, or is it referring to a student who engages a distributive education (web, video, etc) and completes the course in record time?

Response – This means that all topics must be covered and if you are giving credit for 2 hours but they completed in 15 minutes – this is NOT acceptable, because if they are able to complete in 15 minutes, then the content should NOT have been approved for 2 hours.

#4 - This helps to clear things up a little

Response – Thanks!

5.4. Data Reporting Requirements for Course Providers of Department Approved EMS Continuing Education

6 Comments:

#1 - Section 5.4.2 - If a roster is submitted into the LMS system of the attendees who completed the CE, will a printed certificate of completion still need to be issued?
Section 5.4.2.4.2 - Can partial credit be awarded if an attendee did not complete an entire 48 hour refresher course approved by the Department?

Response – When a licensee completes a course that has been approved in the LMS and the instructor marks that person as "CE;Complete" the system will autogenerate an email with an approval. This can serve as the certificate of completion, the instructor would need to verify that the person received this.

The provider would need to be given a certificate or transcript that included the topics and time that they obtained. They would not be listed on the LMS roster.

#2 - There isn't an area in the attendee/roster of the LMS to report written and practical exam scores.
I believe that an advisory committee at the EMT/AEMT level is needed, but it should be more flexible especially for newer programs since it can be extremely difficult to find someone to fill each role. I know its modeled after the CoEMSP standards, but the OEMS/T is not an accrediting agency.

Response – This can be completed by uploading a document.

#3 - Many LMS systems that provide CEU courses online might have an issue with automatically printing the license number of the recipient on the certificate.

5.4.2 will be very difficult for online providers that offer programs throughout the year where participants can sign up and take courses at any time. This could cause participants to receive double credit for the same class and cause issues down the road. For example, if a student uploads their certificate into LMS themselves and then a few days later the provider uploads the roster would the student not receive double credit for the same class. This could cause a lot of confusion during relicensure and you know the participant would use that as leverage to justify why they did not complete their required CEU's.

It should be the participant's responsibility to upload their own documentation into LMS. It is the EMS provider's responsibility to take ownership in assuring that they meet their CEU requirements and requiring them to upload their own certificates into LMS would require them to take ownership.

Response – It is the responsibility of the training provider to enter the roster information into LMS. It is also incumbent on the training provider to inform the learners that their training will be added to LMS automatically.

#4 - very reasonable, couldn't agree more.

Response – Thanks!

#5 - If a provider inputs the request into the LMS 10 days prior to the event but does not hear back on the acceptance or denial prior to the event can it still count?

Response – Course must be approved by the OEMS before credit can be given.

#6 - No suggested changes, however, I would suggest creating a "State approved" class roster template for agencies to use and keep on file (hardcopy or electronic) for each class, in case of audit.

Response – The LMS has a rostering system.

5.5. Criteria for Acceptable Continuing Education Activity

6 Comments:

#1 - the NCCP program is very solid when it comes to education. the NREMT utilizes this and the state of Georgia utilizes the NREMT for initial licensure. following the NCCP guidelines would assist in proficiency.

Response – Thank you for the feedback.

#2 - Section 5.5.1.10 - I fail to see the need for this added requirement. If this item is required:
How long must the evaluation be maintained.
What documentation must be completed to show actual assessment of results, analysis of results, evidence of seeking improvement, etc.

5.5.1.11 - Will submitting the roster into LMS serve as the written record of completion?

5.5.1.12 - Why are we requiring 5 year record retention for CE but only 2 year record retention for Initial Education?

Response –The evaluations would be maintained the same length of time as the other course documents.

If the LMS roster is updated and the instructor confirms that the attendee received the verification of completion then yes, that serves as a written record.

This will be reviewed.

#3 - The usage of the words "program" and "programs" is confusing. What type of programs are you discussing? Is program the same as a CE course?

Who determines the needs of the target audience or that it's relevant to emergency medical services practice and/or health care? Shouldn't it be the medical director?

Who determines developer's expertise in the content area? Shouldn't it be the medical director?

If a department and/or medical director says a CE must be perform why is a evaluation of the program and instruction required?

Response –Programs are agencies that sponsor continuing education activities. Courses are individual classes.

The instructor would determine the audience and the relativity. The MD would have oversight of the instruction being offered.

The instructor may document their own expertise.

It is always prudent to ensure that a course was delivered in a manner that ensures the objectives were met.

#4 - 5.5.1.10. Participants shall complete a written or electronic evaluation of the program and instruction. Regional, State and/or National conferences may be exempt from this requirement.

This should be re-worded. "shall" should be changed. Instructors cannot require Participants to complete a written or electronic evaluation of the program and instruction. If this stands, what are the consequences if the Participant does not complete the evaluation?

5.5.2.1. There shall be documentation of the instructor's expertise in the content area.

By what means should this be documented?

Response – This will be reviewed.

There are various ways to establish and prove expertise. IE: A provider is renowned for the their work on STEMI or Cardiac would be considered an expert in that field.

#5 - 5.5.1.9 I don't think every course should require an activity or exam to evaluate achievement of learning objectives. Some courses are just lectures or presentations,

5.5.1.10 I don't think participants should be required to complete an evaluation of the program and instruction. This could lead to a large amount of document storage.

Response –There are a variety of ways to incorporate activities or exams that ensure knowledge retention.

#6 - very clear

Response – Thanks!

5.6. Additional Criteria for Specific Continuing Education Programs

3 Comments:

#1 - Who determines if a course is relevant to emergency health care? Who applys for the department (LMS) approval of a college course? Who enter the hours in to the LMS? What type of documentation must be submitted to the department and kept on file?

Response – This will be reviewed. There are forms that are to be filled out by the program director/instructor/Dean etc of college courses. The candidate would enter the hours using the form.

#2 - If general CEU presented by providers must have physician oversight then credit awarded by "Authorship" (5.6.2) should have physician oversight as well if it is patient care related. The articles presented should be reviewed and approved by a physician.

5.6.3 - Can you give specific clarification on classes approved by other States? Would this mean that if a provider takes a class in Alabama and it is approved by Alabama then it would be accepted in Georgia?

Response – This will be reviewed. Yes, we accept other state's courses that are approved by the respective OEMS.

#3 - Good.

Response – Thanks!

5.7. Responsibilities of licensed Medics, Instructors and Instructor/Coordinators

3 Comments:

#1 - 5.7.2 - Why are we requiring 5 year record retention for CE but only 2 year record retention for Initial Education?

Response – This will be reviewed.

#2 - Why must training certifcates be kept for five years if completion information is being entered by an approved training site or personnel are uploading certificates in to the LMS?

Response – In case the training provider (program) fails to properly enter the course roster – the learner would have proof of the course.

#3 – Good

Response – Thanks!

5.8. Audit

1 Comment:

#1 – Good

Response – Thanks!

Additional Comments on this Policy

8 Comments:

#1 - the changes the OEMS are implementing and trying to get Georgia ahead in the prehospital field and not stay in the ways of "this is how its always been done" is greatly appreciated by many unvoiced providers. although the changes are sometimes complicated and seem overzealous at times we deeply understand that change is necessary to become more elite in this field

Response – Thanks!

#2 - Comment: With few exceptions, this policy seems to be reasonable and appropriate. I may be contacted via cell (phone number withheld) id clarification of any submitted comment is needed.

Response – Thanks!

#3 - Sections of this policy is confusing, it seems passages from the initial education policy was pasted in to this policy. Also, it seems you have remove the medical director from the approval process. Under 511-9-2-13 a department's medical director could make decision on their CE.

Response – There are multiple areas that are applicable to both IE and CE. The Medical director should still have oversight, but should not be required to sign off on each CE that is requested.

#4 - I do believe this is a good policy. However, the individual should be responsible for uploading and keeping up with their own CEU hours. The CEU provider should be responsible for issuing them a certificate of completion when they successfully complete the course in a timely manner. I would think it would be a good idea to require CEU providers to issue a certificate within a specific amount of time.

Where things can become an issue is on March 29th and March 30th. I see Medics who will wait until those days to complete their CEU requirements and they will need to receive their certificate immediately if they are going to want to submit their documents. This is why I think it should be the responsibility of the Medic to upload their own certificates into LMS. However, CEU providers should still have the ability to upload them if they want.

Response –Thank you for the feedback. CE providers must upload the course roster in a timely manner.

#5 - Sounds pretty reasonable. Grateful for the work you put into this draft.

Response – Thanks!

#6 - Looks good.   All policies are well defined and clear.

Response – Thanks!

#7 - This definitely helps to understand the processes better. Thank you

Response – Thanks!

#8 - It feels like this will make it harder for programs who want to start up doing CEU's and easier for the bigger companies/programs who have the ability and personnel to do this all the time. In other words someone like Bound Tree who has the ability and personnel to do this all the time versus a small program like ours with limited personnel. It doesn't make there product better especially since it does not always change and we can adapt much more easily. It seems that you are basically giving preference to the AHA's and PHTLS's who have material that has been done forever. I believe there is something to be said for new material. Not that there should not be boundaries but this is going to make it very hard for people to get new stuff moving.

Response – We encourage CE providers large and small, online and in-person, to offer quality CE for medics in Georgia. This policy is designed to set a standard, not stifle creativity or any form of education. OEMS Regional Training Coordinators are able to help guide programs that need assistance.